

February 5, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator
Office of National Coordinator for Health IT
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Dr. DeSalvo:

On behalf of the Healthcare Information and Management Systems Society ([HIMSS](http://www.himss.org)), we are pleased to provide written comments to the Office of the National Coordinator (ONC) in response to the [Federal Health IT Strategic Plan 2015-2020](#). HIMSS appreciates the opportunity to leverage our members' expertise in commenting on the Federal Health IT Strategic Plan. We look forward to continuing our dialogue with ONC as progress is made toward finalizing the Strategic Plan.

HIMSS is a cause-based, global enterprise producing health IT thought leadership, education, events, market research and media services around the world. Founded in 1961, HIMSS encompasses more than 57,000 individuals, of which more than two-thirds work in healthcare provider, governmental and not-for-profit organizations across the globe, plus over 640 corporations and 400 not-for-profit partner organizations, that share this cause.

We appreciate the huge undertaking by ONC to collaborate with over 35 federal agencies to prepare the Strategic Plan, focus health IT portfolios across the government, and establish priorities. This combined effort reinforces the idea of health IT as a collaborative and foundational element of any meaningful transformation of the nation's healthcare delivery system. HIMSS supports the five goals proposed in the Strategic Plan, and the central tenets presented to "collect, share, and use" health information. As ONC begins to execute the Strategic Plan, HIMSS stands ready to assist in communicating with our members to inform and achieve advances in care delivery and better outcomes for patients.

HIMSS has prepared thorough comments on the Strategic Plan and divided them into two primary sections: overarching comments on the Strategic Plan and specific comments on the goals, objectives, outcomes, and strategies.

Overarching Comments on the Strategic Plan

Five crosscutting themes emerged in our review of the Strategic Plan:

HIMSS is Supportive of ONC as the Active Coordinator of Health IT Across the Federal Government

HIMSS strongly supports ONC as coordinator and leader of the health IT-related activities across the federal government as detailed in the Strategic Plan. The priorities outlined in the Strategic Plan are critical to move our nation toward healthcare transformation. HIMSS encourages ONC to continue the cross-government collaboration that produced the Strategic Plan, and increase coordination even further to ensure that federal health IT programs are sharing their data on best practices and lessons learned and are being appropriate stewards of the public's funding and trust.

Ensure the Strategic Plan is Synchronized with the Interoperability Roadmap

HIMSS wants to ensure the Strategic Plan is coordinated with the Interoperability Roadmap. Two of the most significant issues facing our community are the development of a new strategy to move toward greater interoperability and health information exchange across the entire health care environment as well as the ultimate achievement of a Learning Health System.

Overall, many federal agencies will have a role in moving interoperability forward and it is appropriate that there are goals and objectives in the Strategic Plan focused on health information exchange. As ONC promulgates its new vision for interoperability, it is imperative that these concepts are consistent across these two documents. HIMSS will submit detailed comments to ONC on the Interoperability Roadmap, and we encourage ONC to incorporate the principles of the Roadmap into the Strategic Plan before each is finalized.

Make Consumers and Patients a Central Focus in Each Goal and Objective

HIMSS is pleased that there is a Strategic Plan objective focused on consumers as the center of healthcare domain. It is essential that consumers (as partners in care delivery and health system design) are reflected in each major goal area of the Strategic Plan, such as interoperability governance mechanisms, shaping public health programs, and advancing specific initiatives. It is critical to note that the transition to accountable care as well as new value and outcome-driven delivery models has reinforced that consumers and patients should be the central focus of the healthcare ecosystem. Given the past success of including the consumer perspective in the design process for healthcare-related systems/initiatives, we encourage ONC to ensure consumers and patients are engaged and visibly part of the implementation for each major objective in the Strategic Plan.

Utilize Existing Federal Metrics to Help Measure the Strategic Plan's Progress Toward its Goals

HIMSS encourages ONC and the federal partners to identify existing federal metrics that are focused on outcomes rather than process; such metrics should be used to measure the progress of implementing each goal in the Strategic Plan. We envision that the agencies involved in each objective will find a metric that they are already using in their own programs, and repurpose it to measure the level of progress that the Strategic Plan is making toward attaining that objective. HIMSS suggests that the federal agencies find proxies in their existing measure pool that can help determine the progress toward each objective.

We also note that developing a framework for identifying measures that are tied to each objective may help to increase the level of transparency and collaboration between the federal agencies involved in each objective, which benefits this effort and leads to greater cross-

fertilization among the federal health IT agencies and ultimately produces better public policy decisions.

Leverage the Private Sector in the Development and Implementation of the Federal Strategic Plan

The Strategic Plan emphasizes that its focus is on federal strategies. HIMSS encourages ONC and the federal partners involved to look to the private sector, and especially to relevant health IT public-private partnerships, for help in implementing the Strategic Plan and achieving its goals. Notable efforts are underway in the private sector that could benefit the agencies involved in formulating and implementing the Strategic Plan, and allowing them to leverage the expertise and lessons learned from outside of the government to avoid any challenges and pitfalls is a sound policy decision.

For example, the work of [Integrating the Healthcare Enterprise USA](#), the [EHR/HIE Interoperability Workgroup](#), and [Healthway](#) with its two primary initiatives, [eHealth Exchange](#) and [Carequality](#), should be leveraged by all the federal partners working in the health IT space. These efforts push to advance implementation of secure, interoperable nationwide exchange of health information by leading cross-industry collaboration. HIMSS encourages ONC and the federal partners to capitalize on the momentum and huge strides that efforts like these are achieving across the industry.

In addition, the Patient-Centered Outcomes Research Institute ([PCORI](#)) has a portfolio of projects designed to improve patient care and outcomes through patient-centered comparative clinical effectiveness research. PCORI disseminates its research results in ways that the end-users of their work will find useful and valuable. ONC and the federal partners could use the work of PCORI to support a coordinated approach to patient-centered and patient-powered outcomes research across government as well as the private sector.

Specific Comments on the Goals, Objectives, Outcomes, and Strategies

HIMSS conducted a robust review of the entire Strategic Plan with an appropriate cross-section of our membership, and developed the following comments:

Goal 1: Expand Adoption of Health IT

- **Objective 1A: Increase the adoption and effective use of health IT products, systems, and services**
 - **3-year Outcome: Increase the percentage of hospitals and professionals who successfully demonstrate meaningful use**

As a cause-based organization representing all health stakeholders, HIMSS has a unique perspective on the advancement of IT and is supportive of Goal 1. The key phrase in Objective 1A is “effective use”—the use of health IT should support care coordination and lead to healthcare transformation, as health IT is an essential, foundational element of any meaningful transformation of the nation’s healthcare delivery system. Since the inception of the Meaningful

Use program in 2009, HIMSS has been a leader in championing the intent of the program, and offering practical and realistic improvement recommendations when needed.

Providers and IT professionals continue to strive to harness the power of IT to improve the experience of care, improve the health of populations, and reduce per capita health care costs. However, HIMSS continues to hear from the providers and vendors about the challenges they are experiencing related to implementing meaningful use.

Overall, HIMSS strongly supports expanded flexibility to meet the meaningful use requirements in 2015, such as adjusting the 2015 requirement to one three-month quarterly reporting period versus a full year.

The term “effective use” also needs to be carefully defined in the Strategic Plan. HIMSS interpreted this term as broader than meaningful use, but more granularity is required as to what ONC and its partners are including under this concept. In addition, we observe that the 3-year outcome focuses solely on meaningful use and increasing the percentage of meaningful users. Although HIMSS supports the program, we question whether it is the proper outcome here, for two reasons: the reach and the future of the program.

In terms of reach, meaningful use only applies currently to eligible hospitals and professionals. There are other providers integral to the coordination of care for individuals that are not eligible for meaningful use incentives or penalties, and thus are not incented to meet the requirements of the program. Moreover, for the future of the program, as we enter the payment adjustment period and available incentives conclude, meaningful use could be a very different program in the near future. Many providers are at the point of looking “beyond” meaningful use, to the next impetus or push after providers earn all their incentives, so using Meaningful Use as an outcome in the Strategic Plan is limiting.

HIMSS also notes that one of the strategies for Objective 1A is to expand the ONC Certification Program to certify products useful to providers across the care continuum. Such a statement gives us pause, and raises many questions. We ask ONC and its partners for more specific information about this strategy, intended outcomes, the gaps ONC perceives that the federal government should fill, and how such an expansion would be administered. There are several directions such a program could take, and more details are required in the Strategic Plan or a separate regulatory effort to ensure that stakeholders have the chance to understand ONC’s thinking around this expansion statement, ONC’s proposed program, and to provide input.

Another strategy for this objective focuses on establishing technical guidance and standards. HIMSS exhorts ONC and the federal partners to let standards development occur in the private sector and enable stakeholders to come up with shared solutions for information exchange and interoperability challenges. HIMSS discourages ONC or another federal entity from developing standards; leave that work to existing standards development organizations (SDOs).

- **Objective 1A: Increase the adoption and effective use of health IT products, systems, and services**

- **3-year Outcome: Increase opportunities for provider and individual use of appropriate telehealth and mobile health technologies and services**

HIMSS supports the enablement of telehealth and mobile technologies to expand healthcare access, help control costs, and improve quality of care for rural and underserved populations as well as expand access to care in urban areas. Moreover, to facilitate innovation in this space the use and innovation of mobile technologies must be encouraged; over-regulation will stifle greatly-needed innovation. ONC should carefully consider the pathways and policy levers by which access to information via a mobile device becomes a key component of health IT certification. Satisfaction among providers who interact with mobile health IT is often far superior when compared to desktop or laptop computing environments.

Telehealth has the means to positively transform healthcare delivery in America. However, the full potential of telehealth is not being realized because of numerous impediments, including out-of-date public and private reimbursement structures, inadequate broadband availability, and varying licensure and practice restrictions between and among states.

In addition, the inconsistencies among federal and state personal health information (PHI) privacy laws and regulations across jurisdictions adversely impact the delivery and quality of care Americans receive via telehealth. In many areas of the country, there are not enough health professionals to provide in-person visits or appropriate follow up care, especially for mental health and highly specialized services like pediatric critical care. In other areas, distance or unavailability of transportation presents impediments to care.

Currently, CMS telehealth reimbursement provisions (also Medicare telehealth payment policy and claims processing instructions) restrict the deployment of telehealth to when the beneficiary seeks services from an originating site that is either outside of a metropolitan statistical area or is in a rural geographic Health Professional Shortage Area. Eighty percent of the country is not included in this delineation. In addition, reimbursement provisions prohibit the store and forward capability, and they require a clinician on both ends at the time of the encounter. To realize this 3-year outcome in the Strategic Plan, HIMSS encourages ONC and the federal partners to:

- Allow use of “store and forward” capability in all states—currently only Alaska and Hawaii may use this capability for federal demonstration projects. There is a need to expand store and forward processes—which will aid in long-term monitoring of chronic diseases
- Expand reimbursement mechanisms of live (real-time) voice and video between clinicians and between clinicians and patients
- Amend the allowable sites of care beyond those currently stipulated by CMS to include interactions with patients from wherever the patient is located, including the home
- Encourage the mitigation of barriers associated with clinician licensure related to interstate telehealth practice
- Update Current Procedural Terminology (CPT; maintained by the American Medical Association) and Healthcare Common Procedure Coding System (HCPCS; maintained by CMS) to explicitly cover in-home monitoring or clinician/patient non-centralized exchanges, including shared decision making

- Create a mechanism where telehealth interventions are sufficiently incorporated into the continuum of and recordation of care
- Address the challenges of licensing clinicians to serve patients in other states, including: high cost, paperwork, differing criteria, etc
 - **Objective 1A: Increase the adoption and effective use of health IT products, systems, and services**
 - **6-year Outcome: Increase the number of providers across the care continuum who use interoperable health IT products, systems, and services**

HIMSS remains committed to supporting and educating all stakeholders to achieve interoperability leading to information exchange that improves the quality and cost effectiveness of healthcare delivery. There continues to be widespread, bipartisan support for efforts to move toward an interoperable system that rewards efficiency and quality outcomes by enabling providers and patients to access the right information at the right time, in any setting.

Increasing the number of providers using interoperable health IT products begins by ensuring that there is an alignment of policies and incentives across the relevant federal agencies. Incentives should be considered for providers that implement certified products that achieve the specified aspects of interoperability and information exchange. It is also critical to align and harmonize recommended standards so that care delivery organizations do not have to choose between competing standards. In addition, clear and comprehensive implementation guides must be developed that align with the standards for all healthcare domains; these guides need to vary by setting and clinical domain and must address information exchange between entities at different levels of health IT sophistication.

In addition, HIMSS encourages ONC to utilize a convening structure that reflects the high expectations for interoperability, driving the need to align and rely on the stakeholders across the health IT ecosystem to facilitate development. Overall, ONC should convene and facilitate, while leaving detailed standards development and generation of other deliverables to care delivery organizations, SDOs, vendors, and others outside the federal governance structure. HIMSS and our healthcare community colleagues can offer important expertise and resources to ensure all stakeholders' perspectives are included and coordinated as we develop roadmap milestones.

Please see our comments on Goal 2, Objectives 2A and 2B, for more information on interoperability.

- **Objective 1B: Increase user and market confidence in the safety and safe use of health IT products, systems, and services**
 - **3-year Outcome: Refine and implement frameworks for health IT safety and innovation**

HIMSS is supportive of Objective 1B and the 3-year outcome on refining and implementing frameworks for health IT safety and innovation. We remain very interested in the [*FDASIA Health IT Report: Proposed Risk Based Regulatory Framework*](#), as published in the Federal

Register in April 2014. Our understanding is that this report will be finalized in the coming months, and we call on ONC to incorporate the final FDASIA report principles into the Strategic Plan to ensure that there is alignment between the Strategic Plan and the final FDASIA Report so there can be no questions as to HHS's intent in this area.

HIMSS generally supported the findings and outcomes of the FDASIA Health IT Report. More specifically, we supported employing a risk-based approach to health IT oversight to appropriately mitigate patient safety risks while avoiding unnecessary oversight. Overall, HIMSS encouraged the creation of an oversight framework that recognizes the unique and unprecedented capabilities of health IT products that are not addressed by, would not fit into, and are not appropriate for categorization within the existing medical device framework.

- **Objective 1B: Increase user and market confidence in the safety and safe use of health IT products, systems, and services**
 - **6-year Outcome: Increase the ability of health IT to manage information flow and adjust for context, environment, and user preferences**

HIMSS encourages the inclusion of payers, consumers, and providers in determining the range of the objective. Payers, providers, and consumer communities have great experience moving this type of data across the entire health care continuum. In addition, there are a range of health IT solutions that need to be included in this discussion, as it is important to not rely solely on EHRs as the only system responsible for the safety of a health IT system. The idea of not getting the right information to the right place at the right time is a patient safety issue and should be addressed as such in this outcome.

- **Objective 1C: Advance a national communications infrastructure that supports health, safety and care delivery**
 - **3-year Outcome: Increase access to broadband connectivity for Health IT applications, such as high-resolution imaging, telehealth and mobile health**

As outlined on pages 5-6, HIMSS supports telehealth as a means to positively transform healthcare delivery in America. The full potential of telehealth is not being realized because of numerous impediments, including out-of-date public and private reimbursement structures, inadequate broadband availability, and varying licensure and practice restrictions between and among states. HIMSS encourages ONC and the federal partners to devise policies that address the barriers limiting the growth of the telehealth field.

- **Objective 1C: Advance a national communications infrastructure that supports health, safety and care delivery**
 - **6-year Outcome: High-speed networks are broadly available to support rural and other underserved communities**

HIMSS is supportive of Objective 1C, and encourages ONC and the federal partners to ensure that the Federal Communications Commission's (FCC's) Healthcare Connect Fund is included in the implementation plan for this objective, given its importance to rural and underserved

providers. The Strategic Plan may also be the appropriate vehicle to begin aligning the Healthcare Connect Fund with other health IT initiatives serving rural communities.

Goal 2: Advance Secure and Interoperable Health Information

- **Objective 2A: Enable individuals, providers, and public health entities to securely send, receive, find and use electronic health information**
 - **3-year Outcome: Increase the percentage of individuals, providers, and public health entities that electronically and securely send, receive, find and use a basic set of essential health information across the health care continuum**

HIMSS strongly supports the principles behind this objective and outcome. It would be helpful to have a baseline to understand how future progress is enabling individuals and organizations in exchanging health information. The data could include the percentage of entities that are electronically and securely sending, receiving, finding, and using essential health information.

The strategies for enabling use of electronic health information include discussion on establishing rules of engagement and a governance mechanism for health information exchange. While these ideas will be a significant part of the Interoperability Roadmap Version 1.0, HIMSS notes that more specificity needs to be included in the Strategic Plan on the federal government's intended approach. HIMSS recommends that the Strategic Plan focus a governance mechanism on a public-private partnership that could harness the power of market forces and help to incentivize providers and public health to move toward greater interoperability.

This objective also offers the opportunity to get other federal agencies involved in the planning process. The Department of Defense (DoD) and Department of Veterans Affairs (VA) have significant procurement practices in this area, and if they can widely promote health information exchange, the market will coalesce around selected approaches and standards to be able to function and share care in the DoD and VA markets. The broader exchange market is then able to adapt based on the direction that DoD and VA pursue.

It is also important to note that the Strategic Plan does not discuss [Blue Button](#). The Blue Button initiative should be incorporated into this objective as it allows individuals to control and access their own personal health data. The federal health community should continue to be an exemplar and also draw on continued public-private partnerships so our entire nation benefits from Blue Button capabilities. Of note, most Blue Button solutions give the consumer and patient access to one portal of health information. Innovation is needed to develop a longitudinal patient record across diverse portals for individuals and families.

- **Objective 2B: Identify, prioritize, and advance technical standards to support secure and interoperable health information**
 - **3-year Outcome: Increase use of common standards among federal agencies, private industry, and the biomedical research community**

HIMSS supports the language that ONC and its partners use in this objective. The idea of “advancing” standards rather than developing them is an approach that HIMSS recommends. An

additional recommendation would be to insert the concept of advancing consensus-based, mature standards to ensure that there will be buy-in from the broader community, and that standards are tested, stable and widely implemented prior to national adoption.

There are also state-level considerations to note, as there needs to be consistency and alignment of standards across states to ensure that their privacy laws do not impede adoption of exchange standards.

- **Objective 2C: Protect the privacy and security of health information**
 - **3-year Outcome: Increase the reach of education and training information and tools for health IT privacy, security and cybersecurity**

HIMSS notes that the ideas of doing a security risk assessment and then mitigating risk are not mentioned in this objective, goal, outcomes, or the corresponding strategies. We strongly recommend that these concepts are included in the final version of the Strategic Plan.

HIMSS also observed that cyber threats/cybersecurity is an issue that should have received more visibility in the Strategic Plan. Several federal agencies have been actively addressing cyber threats recently, and that information is appropriate to include in the Strategic Plan. The National Institute of Standards and Technology (NIST) provided an update on its [Cybersecurity Framework](#) in December 2014. This Framework provides guidance for reducing cybersecurity risk for organizations within critical infrastructure sectors.

In addition, President Obama issued [Executive Order 13681](#) in October 2014 on improving the security of consumer financial transactions. One part of the order calls for several White House offices to prepare a plan that ensures all agencies making personal data accessible to citizens through digital applications require the use of multiple factors of authentication and an effective identity proofing process, as appropriate, and encourages the adoption of standards, giving patient's more choice related to authentication and authorization. HIMSS encourages ONC and the federal partners to leverage these resources in the Strategic Plan.

Goal 3: Strengthen Health Care Delivery

- **Objective 3A: Improve health care quality, access, and experience through safe, timely, effective, efficient, equitable, and person-centered care**
 - **3-year Outcome: Increase individuals' access to health care through health IT products and services**

HIMSS supports this objective. It is important to ensure consideration of the issue of data literacy as people have varying levels of technology literacy.

In addition, perhaps the most critical issue focuses on data integrity. The community needs to use the same data dictionary to ensure that there is alignment between providers and the ability to seamlessly exchange information is supported. Moreover, it is important to note that securing data from sources at sites outside the formal delivery system should be included in this objective, as the home care setting offers many opportunities in this area.

- **Objective 3B: Support the delivery of high-value healthcare**
 - **3-year Outcome: Identify and increase administrative efficiencies that reduce cost and improve provider and patient experiences**
 - **3-year Outcome: Increase the number of providers receiving technical assistance for using electronic health information as part of practice design and management of their patient population**
 - **6-year Outcome: Standardize and expand regional multi-payer claims and clinical data infrastructure to facilitate clinical performance reporting and feedback to providers**

HIMSS recognizes Objective 3B as an ambitious and appropriate objective. However, we ask ONC and the federal partners whether its outcomes are too narrowly focused, since they are administrative and not outcomes-based. Critical topics that should be included in the outcomes is the progress that is being made in utilizing health IT to improve the experience of care, improve the health of populations, and reduce per capita health care costs as well as the six priorities of the [National Quality Strategy](#). Overall, HIMSS encourages ONC and the federal partners to be more assertive and ambitious in terms of its outcomes for Objective 3B.

We also question the 6-year outcome that references claims and clinical data under Objective 3B. HIMSS members with experience in this space suggest that this outcome may be more appropriate for a 3-year outcome given where the market exists today. In addition, HIMSS requests that ONC and the federal partners be more inclusive in terms of the data that it is attempting to synthesize in a health care organization or provider setting: payer data, and then internal to the organization is clinical, financial, and administrative data.

Moreover, HIMSS encourages ONC and the federal partners to think about how new care models (including those models where providers assume more financial risk) can be structured to encourage the appropriate use of health IT, and conversely how health IT's goals can be adjusted to meet the goals of the new care delivery models. Within such an alignment, quality measures can be used for more than pay-for-performance and public reporting purposes. EHR and data collection tools need to be flexible to ensure that they can be used for internal quality improvement as well as public reporting. We continue to stress that outcome-based quality metrics are favored over process metrics.

- **Objective 3C: Improve clinical and community services and population health**
 - **3-year Outcome: Increase use of health IT systems to provide evidence-based guidance on appropriate use of screening and prevention services**

HIMSS supports this objective and emphasizes that improvement should be continuous and near real-time. This approach is the foundation for the [Learning Health System](#) by helping to facilitate the right care, to the right patient, at the right time.

We also emphasize that communities seeking to improve community and population health may want to leverage mobile apps and mobile technology. Using data that is collected from an ecosystem of health IT tools other than EHRs should also be highlighted. We encourage ONC

and the federal partners to incorporate patient generated health data (PGHD), as well as the concept of promoting health and resiliency, wellness, and quality leading to value.

Finally, in Strategy 1 under this objective, the point was raised about promoting data collection and clinical decision support (CDS) to identify at risk individuals, populations, or communities. HIMSS encourages ONC and the federal partners to consider data collection and CDS as a continuum that supports longitudinal health data over time, which will lead to a well-structured program to align CDS with outcome measurement.

- **Objective 3C: Improve clinical and community services and population health**
 - **6-year Outcome: Identify innovative uses of health IT to connect individuals and providers to community resources, social services, and health education programs**

HIMSS notes that it is important to incorporate the ecosystem of health IT tools that support increased understanding of the social, environmental, and behavioral determinants of health to advance efforts to connect to community services. [The National Quality Forum](#) has done work in this area, and the information to populate these fields must come from multiple sources, including PGHD with augmentation from other data sources such as census data. Collaboration between public health and the provider community is essential.

Strategies 3, 4, and 5, under this objective all encourage partnerships and collaborations with communities to find new ways of using health IT. Strategy 5 should encourage collaboration with communities to facilitate comprehensive health and well-being improvement, since it is too limiting to look at just comprehensive care. Collectively, these strategies miss the most important agent in improving health and well-being: the individual, caregivers, the family, and the community. Stronger collaborations between federal agencies and communities are where the federal partners could strengthen the health improvement outcomes at the individual, neighborhood, and community level.

Goal 4: Advance the Health and Well-Being of Individuals and Communities

- **Objective 4A: Empower individual, family, and caregiver health management and engagement**
 - **3-year Outcome: Increase individuals' access to their electronic health information, and improve their ability to share and authorize its use, or incorporate this information into their health IT tools**

HIMSS strongly supports empowering individuals, family, and caregiver health management and engagement by making patient-facing health IT solutions more available to the individual patient or his or her representative (such as a family member or caregiver). Health IT solutions include software applications and devices. These solutions need to be sufficiently easy to use and also contain functionality so that the user can share, authorize the use, and/or incorporate the individual's health information, thus facilitating the advancement of the individual's health and well-being as well as overall well-being of their communities.

The objective needs to consider how to collect the data and make it more patient-centered and patient-focused. In addition, if individuals are unable to control access to their data, little work can be done in terms of outcomes to benefit and empower individuals, families, and communities. Patients will need dynamic tools to have choices and make granular decisions about who sees what kinds of data, with the ease of updating their preferences over time. The idea of full transparency of where data is flowing and who has access to their data needs to be incorporated into this objective. Individuals should also have the ability to define and update their preferences and values on data sharing and health care.

Another issue that needs to be addressed involves the correlation of patient records that are held in different repositories and by different organizations. Correlation of patient identities is a critical element in properly/accurately assembling the correct and complete information on an individual from different sources.

- **Objective 4B: Protect and promote public health and healthy, resilient communities**
 - **3-year Outcome: Increase public health entities' ability to use, benefit from, manage advances in real-time electronic health information for public health surveillance and targeted alerting**

HIMSS strongly supports Objective 4B. It is important to note that the community needs tools to help us define the resiliency and well-being for individuals and communities. This undertaking does not originate from health IT, although it is health IT data that helps us understand this issue, but measures are needed as well.

It is important to note that privacy and security provisions can be constructively used for an individual's benefit, but they can also be obstructive and impractical for the needed collaboration between public health and others. We recommend keeping privacy and security practical; not letting it unnecessarily interfere with the provision of care, but utilized rather as a means of preserving trust. Moreover, HIMSS wants to ensure that we educate all stakeholders on compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as well as the typical privacy and security framework for patient engagement.

- **Objective 4B: Protect and promote public health and healthy, resilient communities**
 - **6-year Outcome: Increase use of health IT systems to assist national, state, and community efforts to support the early detection and mediation of emerging hazards**

HIMSS is supportive of this objective and encourages ONC and the federal partners to require that all healthcare entities under their jurisdiction have a disaster recovery plan. From a policy standpoint as well as a technical standpoint, the ability to have core health information in an emergency situation is critical.

Goal 5: Advance Research, Scientific Knowledge, and Innovation

- **Objective 5A: Increase access to and usability of high-quality electronic health information and service**

- **3-year Outcome: Increase the number, timeliness, quality, and usability of federal health and other relevant data sets available for public use while protecting privacy**

HIMSS observes that this outcome does not address person-centeredness, yet the 6-year outcome that follows does include this concept. HIMSS encourages ONC to include the idea of patient centeredness in the 3-year outcome.

We also encourage ONC and the federal partners to include the National Institutes of Health and the Agency for Healthcare Research and Quality in this objective and discuss how the Learning Health System can be incorporated into this space.

In addition, we observe that the term “health data” used in the discussion of Goal 5 is limited. Instead, the Strategic Plan should use the term “health IT personal and community health information.”

- **Objective 5A: Increase access to and usability of high-quality electronic health information and service**
 - **6-year Outcome: Expand the capacity and design of health IT infrastructure to support coordinated person-centered outcomes research development and findings dissemination**

HIMSS is supportive of this goal, yet encourages ONC and the federal partners to also leverage the work of PCORI for its expertise in the patient-centered and patient-powered outcomes research space. PCORI has significant resources to offer the public and private sectors, and should be utilized in situations where it is appropriate.

- **Objective 5B: Accelerate the development and commercialization of innovative technologies and solutions**
 - **3-year Outcome: Advance science and knowledge in creating and using sensors, mobile technology, medical devices, and assistive technologies that enable users to quantify and use personal health information while protecting their privacy**

HIMSS supports this objective and encourages ONC and the federal partners to prioritize the technology the government is advancing. In addition, it is important to consider the government’s overall role here, in terms of a balance between the private sector and federal activity. The federal government needs to recognize how it will assess progress in the private sector and how it will play a convening/facilitating role in order to encourage further activity and innovation. One approach that ONC and the federal agencies could take is to recognize, promote, and harmonize certain standards to advance science, knowledge, and adoption.

HIMSS appreciates the opportunity to submit comments on the Federal Health IT Strategic Plan. We hope that you find our comments insightful and that they reinforce the idea of health IT as an essential, foundational element of any meaningful transformation of the nation’s healthcare delivery system.

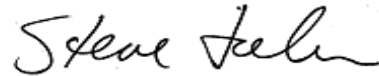
We look forward to the opportunity to meet with you and your team to discuss these issues in more depth. Please feel free to contact [Jeff Coughlin](#), Senior Director of Federal & State Affairs, at 703.562.8824 with questions or for more information.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Paul Kleeberg MD". The signature is fluid and cursive, with the "MD" part being more distinct.

Paul Kleeberg, MD, FAAFP, FHIMSS
Chief Medical Informatics Officer
Stratis Health
HIMSS Board Chair

A handwritten signature in black ink that reads "Steve Lieber". The signature is cursive and somewhat stylized.

H. Stephen Lieber, CAE
President & CEO
HIMSS